

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>335306</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GLENS FALLS CENTER FOR REHABILITATION AND NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>152 SHERMAN AVENUE GLENS FALLS, NY 12801</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review conducted during the COVID-19 Infection Control Focus Survey completed on 4/30/2020, the facility did not establish and maintain an Infection Control Program to ensure the health and safety of residents to help prevent the transmission of COVID-19. Specifically, the facility did not ensure the handling and delivery of laundry was performed in a manner to prevent the spread of COVID-19 when facility staff delivering laundry entered a resident's room, with directions for the use of PPE posted on the room door, wearing PPE (personal protective equipment) required to enter that room with the exception of gloves and exited the room without removing PPE or performing hand hygiene and entered another resident's room whose door did not have directions for the use of PPE posted. This is evidenced by: Review of a facility policy and procedure (P&amp;P) titled COVID-19 Prevention dated 3/24/20 documented employees were to clean their hands according to Centers for Disease Control guidelines, including before and after contact with residents, after contact with contaminated surfaces and after removal of PPE. The finding is: During an observation on 4/30/20 at 10:45 AM, Laundry Aide #1 was on the East resident care unit delivering resident laundry. The Laundry Aide was observed exiting a resident room with a blue sign on the door PPE Required, gown, gloves, face shield or goggles, N95 mask. Door to remain closed, picked up clothing from the cart in the hallway and entered another resident room that did not have a blue sign on the door. The Laundry Aide was wearing a gown, mask, and face shield. Laundry Aide #1 stated the blue sign meant the resident in that room was COVID positive. When asked what she was taught about entering and exiting COVID positive rooms the Laundry Aide stated she didn't have to do anything between rooms but that the housekeepers do all the non COVID rooms and then COVID rooms, I guess that's what I should do. When asked if she touched any surfaces in the COVID positive resident's room when she entered, she stated I opened the closet door and hung up the clothes. During an interview on 4/30/20 at 11:00 AM, Registered Nurse (RN) #1 stated the Laundry Aide should be doffing (removing) PPE including gloves, washing hands, and donning new PPE upon exit from COVID positive room. When informed of the actions of Laundry Aide #1 observed by surveyors, RN #1 stated that the actions were a breach of infection control and staff should not be going in and out of rooms like that. RN #1 remained seated at the desk and did not attempt to immediately stop and reeducate the Laundry Aide who continued down the hall dispersing laundry. During an interview on 4/30/20 at 11:10 AM, the Regional Corporate Educator, RN #2 stated staff should not be going in and out of rooms randomly. Handwashing as well as changing of PPE should be performed upon exit from a Covid positive room. When informed of the actions of Laundry Aide #1, RN #2 stated I will go re-educate her now. At 1:00 PM, RN #2 stated Laundry Aide #1 had attended the training provided to staff regarding proper use of PPE, handwashing and Covid specific training which included preventing the spread of Covid through handwashing, PPE, and entering non Covid rooms first and then Covid rooms systematically so as not to spread [MEDICAL CONDITION] to non-infected residents. Documentation of three trainings that occurred on 3/25/20 and 4/4/20 was provided. RN #2 provided copies of re-education provided to Laundry Aide #1 and other staff today following surveyors report of observations. During an interview on 4/30/20 at 11:15 AM, Laundry Supervisor #2 reported Laundry Aide #1 was the only staff distributing laundry to residents throughout the building today. All staff should be completing tasks in non Covid rooms before entering Covid positive rooms. Staff should handwash and doff PPE upon exiting Covid positive rooms. At 3:30 PM the Laundry Supervisor reported a discussion with Laundry Aide #1 took place about two weeks ago regarding the proper procedure for delivering laundry during the pandemic and Laundry Aide #1 expressed understanding. 10 NYCRR 415.19 (b)(1)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.